

▪ I understand that I will have to commit to attending quarterly meetings and that I will need to participate in at least one review the first year that I am a Panel Member. I understand that reviews are time consuming and very important! Each case review typically takes two (2) full days to complete. Most reviewers will participate in two (2) case reviews; one on Monday and Tuesday and the second one on Wednesday and Thursday. Often, interviews during the four days may last into the evening. An exit meeting will typically take place on Friday of the review week via compressed video. You will need to be available for all of these events.

▪ I understand that as a Panel Member and reviewer I will need to attend a one-day reviewer training (*training dates are listed on our website at <http://wycrp.org>*). I intend to participate in the citizen reviewer training to be held _____ at: _____.

▪ I would like to participate in the following review(s) (*dates and locations are available at <http://wycrp.org>*)

▪ I have filled out a SS-26 Form (*Wyoming Central Registry and Criminal History Prescreen/pages 3 and 4 of this application*) and have submitted it with this application.

▪ I understand the responsibilities of being a Wyoming Citizen Review Panel Member and that I will be asked to sign a confidentiality statement prior to becoming a Panel Member.

Signature: _____ **Date:** ____/____/____

Note: You are not required to answer the following questions. However, they are asked so that the Panel may reflect the demographics of Wyoming as required by law.	
Race: (<i>please check one below</i>)	Gender: (<i>please check one below</i>)
<input type="checkbox"/> African-American	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American Indian	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Alaskan Native/Pacific Islander	
<input type="checkbox"/> Euro-American	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other (<i>please describe</i>) _____	
Disabled: (<i>please check one below</i>)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If "Yes," explain needed accommodations</i>)	

Please return the completed printed or typed application to the address below:

Wyoming Citizen Review Panel, Inc.
PO Box 1504
Cheyenne, WY 82003-1504

If you need further information or assistance with this application, please call (307) 632-0032 or email wycrp@wycrp.org. You may also fax a completed application to (307) 632-1591 or download this form at <http://wycrp.org>, fill it out and email it to wycrp@wycrp.org as an attachment.

Office Use Only	Received: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
	Comments:

**APPLICATION FOR CHILD ABUSE/NEGLECT AND
ADULT CENTRAL REGISTRY SCREENS
AND WYOMING CRIMINAL HISTORY RECORD PRESREENS**

Please complete below (print clearly).

Person Being Screened: _____
Name of Person Within Requesting Facility: Glenda Lacey
Name of Facility, Organization or Agency: Department of Family Services
Mailing Address: 130 Hobbs Ave.
Cheyenne, WY 82009
Phone Number: (307) 777-8914 Fax Number: (307) 777-3693

Purpose of Screening (Department of Family Services and Child Care Facilities ONLY):

Child Care Subsidy Program: _____ Adoption: _____
Child Care Licensing: _____ Foster Care: _____
24 Hour Substitute Care Certification: _____ DFS Employment: _____
Other: Citizen Review

Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

The Request: Send a completed Authorization of Release of Information (reverse side) and this application form to Department of Family Services, Division of Juvenile Services, Third Floor Hathaway Building, Cheyenne, WY 82002. **AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.** An eight (\$8) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of \$8 multiplied by the number of screens requested. If the organization pays with a check, it should use a check drawn on its account. Do not send cash. Submit a self-addressed envelope with the request. Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.

NOTE: Central Registry Screens and Criminal History Record Prescreens are specific to the State of Wyoming.

(Copy of SS-26 Form will be returned to Applicant within 10 days of receipt)

For DFS office use only.	Date Completed: _____	Ref #: _____
Check #: _____	MO #: _____	
Listed on the DFS Abuse/Neglect central registry: YES <input type="checkbox"/>	NO: <input type="checkbox"/>	
DCI criminal history prescreen: No Disqualifying information:	<input type="checkbox"/>	
You may consider having a complete criminal history background check:	<input type="checkbox"/>	
Instructions for requesting a DCI criminal history records check enclosed:	<input type="checkbox"/>	
Kathy Garcia _____	Christian Smith _____	
Central Registry Specialist	Supervisor/Manager 3	

**AUTHORIZATION OF RELEASE
OF CHILD OR DISABLED ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or disabled adults or crimes against the person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be grounds for termination of employment. **AUTHORIZATION IS VALID FOR 30 DAYS FROM THE DATE SIGNED.**

(Please print or type)

Full Legal Name: _____						
Maiden Name: _____		Aliases: _____				
Social Security Number: _____			Date of Birth: _____			
Ethnicity:	Asian	Caucasian	Black	Sex:	Male	Female
	Hispanic	Native Am.	Other			
Current Address: _____						
_____	_____	_____	Phone: (_____)	_____		
City	State	Zip				
List All Addresses for past ten (10) years:						
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
"Voluntarily" List Names of your Children (This information assures accuracy of the screen.):						
_____	_____	_____	_____			

In the course of my duties, I will have unsupervised access to (check as many as apply):

Children: Yes No Disabled Adults: Yes No

Both Children and Disabled Adults: Yes No

(Employee's, Prospective Employee's or Volunteer's Signature)

Date (Valid for 30 days)